

MONTANA CORPORATION ANNUAL REPORT

Prepare, sign, submit with an original signature and filing fee.

MAIL: **LINDA McCULLOCH**
Secretary of State
P.O. Box 202802
Helena, MT 59620-2802

PHONE: (406) 444-3665
FAX: (406) 444-3976
WEBSITE: sos.mt.gov



This is the minimum information required.
(This space for use by the Secretary of State only)

Must be returned in order for your corporation to remain active and in good standing and prevent involuntary dissolution/revocation per [35-1-1104, MCA](#), as a Profit Corporation; [35-2-904, MCA](#), as a nonprofit Corporation; and [35-4-209, MCA](#), as a Professional Service Corporation.

Filing Fee on or before April 15: \$15.00
After April 15: \$30.00

- ☐ 24 Hour Priority Filing Add \$20.00
☐ 1 Hour Expedite Filing Add \$100.00

To help you determine what information is on file with this office, please call the above phone number or use our Business Entity Search at <http://app.mt.gov/bes>.

Exact Name of Corporation: _____

Registered Agent Information

Name of Registered Agent: _____ Phone (Optional): _____

Street Address: _____ City: _____, MT Zip: _____
(or Physical Location)

Mailing Address/PO Box*: _____ City: _____, MT Zip: _____

*Complete if mailing address is different from street address or physical location and both addresses must be in Montana.

Optional: Phone: _____ E-Mail Address (Optional): _____

Signature of New Registered Agent (required if changed): _____

1. State of Incorporation: _____

2. Address of Principal Office in state of incorporation:

3. Brief Description of business in which corporation is actually engaged:

4. Names and addresses (street name and number) of Principal Officers (Attach list if more than six officers):

President: _____

Treasurer: _____

Vice President: _____

Other: _____

Secretary: _____

Other: _____

5. Names and Addresses (street name and number) of Directors (Nonprofit corporations are required to have a minimum of three [3] directors. Attach list, if necessary.):

Director 1 _____	Director 2 _____
_____	_____
_____	_____
Director 3 _____	_____
_____	_____
_____	_____

6. Shares (profit corporations only). List the current total number of shares authorized and total number of shares issued. Itemize both by class and series, if any. (Attach schedule, if necessary)

<u>Shares Authorized</u>	<u>Shares Issued</u>	<u>Class</u>	<u>Series</u>	<u>Par Value</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Domestic Profit Corporations Only. If issued shares exceed authorized shares or a change is made in class, par value or the number of authorized shares, an amendment must be filed according to [35-1-230, MCA](#).

7. **Professional Service Corporations Only.** I certify that all the shareholders, not less than one-half the directors and all the officers other than the secretary and treasurer of the corporation are qualified persons with respect to the corporation.

8. **Nonprofit Corporations Only.** The corporation shall

☐ have members or

☐ shall not have members.

(Please mark only one box. This information must agree with our records).

9. By my signature below, I, an official of the above corporation, do state that I signed this report on behalf of the corporation and that the statements herein contained are true, under penalty of false swearing.

_____	_____	
Authorized Signature	Title	Printed name of signing official

Date (Mo/Day/Year)

Sign and include correct filing fee:

\$15.00, if filed on or before April 15

\$30.00, if filed after April 15

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an additional \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an additional \$100.00 with your filing fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State Business Services at (406) 444-3665.